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ESTAVAILABLE 10-10 10-10-2000 Form PTO-1595 .. DEPARTMENT OF COMMERCE 1-31-92 Patent and Trademark Office 101481939 RECORDAT. PATENTS ONLY To the Honorable Commissioner of Patents and Trademarks. Please record the attached original documents or copy thereof. 1. Name of conveying party(ies): 9-29-00 2. Name and address of receiving party(ies): John C. Pederson Name: 911 Emergency Products, Inc. Additional name(s) of conveying party(ies) Internal Address: attached? □ Yes × No Street Address: 25 - 6th Avenue North, St. Cloud, MN 56303 3. Nature of Conveyance: Assignment A □ Merger City: State: Zip: ☐ Security Agreement □ Change of Name □ Other Additional name(s) & address(es) attached? □ Yes No Execution Date: 4. Application number(s) or patent number(s): If this document is being filed with a new application, the execution date of the application is: A. Patent Application No.(s) B. Patent No.(s) 09/586,221 Additional numbers attached?

Yes No 5. Name and address of party to whom 6. Total number of applications and patents involved: correspondence concerning document should be mailed: 7. Total fee (37 CFR 3.41): \$40.00 Edwin E. Voigt II, Esq. 🔀 Enclosed Vidas, Arrett & Steinkraus, P.A. □ Authorized to be charged to deposit account Suite 2000, 6109 Blue Circle Drive 8. Deposit Account Number: 22-0350 Minnetonka, MN 55343-9185 (Attach duplicate of this page if paying by deposit account) 10103/2000 AWONDAF1 00000007 09586221 DO NOT USE THIS SPACE 40.00 DP 9. Statement and signature. To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Edwin E. Voigt II, Esq.

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